Massachusetts Firefighting Academy P.O. Box 1025, State Road, Stow, Massachusetts 01775

Phone: (978) 567-3200 Fax: (978) 567-3229 Email: academy.registration@mass.gov

REQUEST FOR STUDENT RECORDS

Complete this form and fax or email it using the contact information above. You will be provided with a letter attesting to courses you have taken with the Academy. You may request that the original letter be sent to you or another individual or institution (a copy of the letter will be mailed to you). **Note:** The MFA database only holds records from late 1999 to present. Any courses taken prior to this will require additional information. In order to ensure security, you must provide a photocopy of your license or other official photo identification to obtain your records.

STUDENT INFORMATION:	
LAST 4 DIGITS SS #, DL # or MFA STUDENT ID #:	PHONE NUMBER:
	_ _ _
LAST NAME, FIRST NAME, MIDDLE INITIAL:	
MAILING ADDRESS:	
CITY STATE	ZIP CODE:
☐ Please include all courses in the database (information from land Additional: ☐ I need a record of my career recruit grades for college credit MAIL LETTER TO:	ate 1999 to present)
NAME OR INSTITUTION:	
MAILING ADDRESS:	
CITY STATE	ZIP CODE:
I hereby authorize the Massachusetts Firefighting Academy to provor institution I have listed above: STUDENT SIGNATURE:	ide the information I am requesting above to the name

WAIVER FOR REQUEST FOR STUDENT RECORDS

I,, do hereby authorize the	
disclosure and/or release of any or all of my requested records, or any part thereof to be sent to the	
previously named individual/organization at the address provided. This consent is given whether the	
said records are public, private, or confidential in nature.	
I agree to indemnify and hold harmless the Commonwealth of Massachusetts, Department of Fire	
Services, its agents and employees from and against all claims, damages, losses, and expenses including all	
reasonable attorneys' fees arising out of or by reason of complying with this request.	
STUDENT SIGNATURE:	
ADDRESS:	